



**MEDICARE
RAILROAD CARRIER**

Technology Support Center
1-866-749-4301

RAILROAD MEDICARE EDI PROVIDER CHANGE FORM

This form is to be completed by a Provider when the following changes occur:

- Discontinue use of a billing agent or clearinghouse
- Use of a new billing agent or clearinghouse

* Provider Name: _____

* Contact Name: _____

* Mailing Address: _____

* City: _____ * State: _____ * ZIP: _____

* Phone #: _____ FAX #: _____

* E-mail Address: _____

* Provider Number: _____

NPI: _____

Transaction(s) Affected:	<input type="checkbox"/> ANSI 837 Claim	<input type="checkbox"/> ANSI 835 Remittance
	<input type="checkbox"/> ANSI 270/271 Eligibility	<input type="checkbox"/> ANSI 276/277 Claim Status

Previous Billing Service/Clearinghouse Agent Name: _____

Submitter ID of Billing Service/Clearinghouse (if available): _____

End Date (if applicable): _____

* New Billing Service / Clearinghouse Agent Name: EMDEON

Submitter ID of Billing Service/Clearinghouse (if available): RR1445

Begin Date (if applicable): _____

Please mail the completed form to: Palmetto GBA Railroad Medicare EDI Operations
PO Box 10066
Augusta GA 30999-0001

If you have any questions, please contact the Palmetto GBA Technology Support Center at 1-866-749-4301.

Palmetto GBA
Medicare Electronic Data Interchange
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